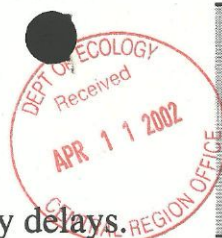


State of Washington Application for a Water Right



For Ecology Use
Call # 412
Fee Paid 10
Date 4-11-02
WRJ

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Mountview Water Co., Inc Home Tel: (509) 882 - 3560
Mailing Address 180001 W. Robertson Rd. Work Tel: () -
City Grandview State WA Zip+4 98930 + 9008 FAX: (509) 882 - 4194

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Wayne Gustafson Home Tel: (509) 882 - 3560
Mailing Address 180001 W. Robertson Rd. Work Tel: () -
City Grandview State WA Zip+4 98930 + 9008 FAX: (509) 882 - 3560
Relationship to applicant member -- past president

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 160 (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s)
of domestic / public supply / irrigation / fire protection. ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not
sufficient. Benton Co. - So. 467 ft x 1425 ft of NW 1/4 of the NW 1/4 of sect. 18, T9N, R 24 EWM
Estimate a maximum annual quantity to be used in acre-foot per year: 32 Ac Ft (15.3 acres--16 lots)

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ___/___/___ to ___/___/___

Section 4. WATER SOURCE

If SURFACE WATER						If GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for <u>2</u> well(s). • One in use -- beneficial use since 1962 • One future		
Number of diversions: _____								
Source flows into (name of body of water):						Size & depth of well(s): <u>6 inches x 80 ft</u> (1962 well report attached)		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>1220 ft south and 205 ft east of NW corner of section 18 of township 9N., range 24 EWM</u>								
1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
NW	NW	18	9N.	24 EWM	Benton	15	---	Mt View Tracts
For Ecology Use Date Received: <u>APRIL 11, 2002</u> Priority Date: <u>APRIL 11, 2002</u> <u>BENTON</u>								
SEPA <u>Exempt</u> /Not Exempt FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>04-15-2002</u> By <u>[Signature]</u> Date Returned _____ By _____ WRJA: <u>37</u>								

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Mountainview Water Co., Inc.
- B. Briefly describe your proposed water system. (See instructions.) The current project includes a single well, a 5 hp pump, 4 bladder tanks and a water distribution system to the 16 customers. The well construction report and distribution system is attached. The system is owned equally by the 16 resident customers, is incorporated within the State of Washington and operated as a non-profit corporation. System changes have been proposed to procure a second well for redundancy and capacity needs. The Dept of Health wants water systems to have a backup or redundant supply. It is anticipated that this project would be done as we begin to replace our nearly 40-year old distribution system. Conservation of the ground water source includes limiting the use of well water to minimal yard and garden use when we have irrigation water available. We are in an irrigation district which has interruptable or junior water rights.
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION. A 1974 claim was filed (copy attached)

Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 16 Type of connection Homes with 1 acre (acre-ettes)
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☒ YES ☐ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. We are an approved water system. System ID # 568510

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? SEE ATTACHMENT ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
Use _____ Acres _____
Use _____ Acres _____
Use _____ Acres _____
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no.: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal Type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. Travel E from Grandview, WA to the I-82 exit #75. From the exit travel N-NE to County Line Road approximately $\frac{1}{2}$ mile. Turn N onto County Line Road. Drive approximately 1 mile to W. Robertson Road. Turn R onto W. Robertson Rd., travel 200 ft. Pump house is 100 ft to the right. The place of use includes all the houses on W. Robertson Road (15.2 acres)

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☐ YES ☒ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

The applicant is a non-profit community water system owned by the 16 member
residences. It is the charter of the Corporation to supply water for domestic,
livestock and gardening purposes.

B. Does the applicant own the land on which the water source is located? ☐ YES ☒ NO

If no, submit a copy of agreement: (agreement attached)

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Charles McGowan (President)
Applicant (or authorized representative)

4-8-02
Date

Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation: 	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).